

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAX000036483	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address PARA PLATE 3242 E. Olympic Blvd., Los Angeles, Ca.				A. State Manifest Document Number 84720033		
4. Generator's Phone ()				B. State Generator's ID CAX000036483		
5. Transporter 1 Company Name OMEGA RECOVERY SERVICES		6. US EPA ID Number CAD042245001		C. State Transporter's ID 62572		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213/698-0991		
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. Whittier Blvd. Whittier, Ca. 90602		10. US EPA ID Number CAD042245001		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID CAD042245001		
				H. Facility's Phone 213/698-0991		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol
				No.	Type	Waste No.
a. WASTE ORM-A N.O.S NA 1693 ORM-A (Flexosolvent)				02	DM	55 6 211
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above *PERCHLOROETHYLENE *BUTANOL *PHOTODUMLER				K. Handling Codes for Wastes Listed Above R01		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name MAX STEVANS				Signature <i>Max Stevans</i>		Date Month Day Year 11 12 86
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Isaac Woods Jr</i>		Date Month Day Year 10 12 86
Printed/Typed Name ISAAC WOODS JR				Signature		Date
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date
Printed/Typed Name				Signature		Date
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name STEVEN SIMPSON				Signature <i>Steve Simpson</i>		Date Month Day Year 10 12 86